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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                               |  |
|-------------------------------|--|
| <i>Attorney Docket No.</i>    | 4266C2                                   |
| <i>First Inventor</i>         | Kuo-Liang Hsi                            |
| <i>Title</i>                  | Effluent Collection Apparatus and Method |
| <i>Express Mail Label No.</i> | EL 897 623 555 US                        |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original, and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 31]   
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
5. Oath or Declaration [Total Pages 4]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
*(for continuation/divisional with Box 18 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76.

**ADDRESS TO:**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
  - a.  Computer Readable Copy (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. § 3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: **Transmittal of Continuation Application under 37 CFR 1.53 (b)**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: **09/885,292** filed **June 19, 2001**

Prior application information:

Examiner: **Ernest G. Therkorn**Group Art Unit: **1723**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |  | <input type="checkbox"/> Correspondence address below<br><br>22896<br>(Insert Customer No. or Attach bar code label here) |
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|         |  |           |              |              |
|---------|--|-----------|--------------|--------------|
| Name    | Vincent M. Powers                              |           |              |              |
| Address | Applied Biosystems<br>850 Lincoln Centre Drive |           |              |              |
| City    | Foster City                                    | State     | California   | Zip Code     |
| Country | US   | Telephone | 650-570-6667 | Fax          |
|         |  |           |              | 94404        |
|         |  |           |              | 650-638-6677 |

|                   |                   |                                   |               |
|-------------------|-------------------|-----------------------------------|---------------|
| Name (Print/Type) | Vincent M. Powers | Registration No. (Attorney/Agent) | 36,246        |
| Signature         |                   |                                   | Date          |
|                   |                   |                                   | June 23, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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06/23/03  
FEE TRANSMITTAL  
for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 834.00)

## Complete if Known

|                      |                          |
|----------------------|--------------------------|
| Application Number   | To be assigned           |
| Filing Date          | June 23, 2003 (herewith) |
| First Named Inventor | Kuo-Liang Hsi            |
| Examiner Name        | To be assigned           |
| Group Art Unit       | To be assigned           |
| Attorney Docket No.  | 4266C2                   |

| METHOD OF PAYMENT (check one)  |               | FEE CALCULATION (continued)  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
|--|---------------|--|--|---------------|---------------|-----------------|----------|------|-----|---|--|------|----|---|--|------|-----|------------------------------------|--|------|------|---|--|------|------|--|--|------|-------|--|--|------|-----|--|--|------|-----|--|--|------|-----|---|--|------|------|--|--|------|------|---|--|------|-----|---------------------------|--|------|-----|---|--|------|-----|-----------------------------------|--|------|------|---|--|------|-----|--|--|------|------|---|--|------|------|---|--|------|-----|---------------------------|--|------|-----|--------------------------|--|------|-----|--|--|------|----|---|--|------|-----|--|--|------|----|--|--|------|-----|--|--|------|-----|---|--|------|-----|--|--|------|-----|--|--|---------------------------|--|--|--|--------------|--|-------------|--|---------------------|--|--|--|--------------|----|------------------------|--------|--------------------|---|-----------|------------|--------------------|--|--|---|---|--|--|--|--|--|--|--|------|----|--------|------------------------|------|----|---------|-----------------------------------|------|-----|----------|---------------------------------------|------|----|---------|--|------|----|--------|--|--------------|--|------------|--|------------------------------------|--|---------------------|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br>Deposit Account Number: 01-2213<br>Deposit Account Name: Applied Biosystems<br><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |               | <b>3. ADDITIONAL FEES</b><br>Large Entity Small Entity<br><table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051 65 Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052 25 Surcharge – late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053 130 Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812 2520 For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804 920* Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805 1840* Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251 55 Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252 205 Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253 465 Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1450</td><td>2254 725 Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1970</td><td>2255 985 Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401 160 Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402 160 Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403 140 Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451 1510 Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452 55 Petition to revive – unavoidable</td><td></td></tr> <tr><td>1453</td><td>1300</td><td>2453 650 Petition to revive – unintentional</td><td></td></tr> <tr><td>1501</td><td>1300</td><td>2501 650 Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502 235 Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503 315 Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460 130 Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807 50 Petitions related to provisional applications</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806 180 Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021 40 Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809 375 Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810 375 For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801 375 Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802 900 Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">(\$ 750.00)</td> </tr> <tr> <td colspan="2">2. EXTRA CLAIM FEES</td> <td colspan="2"></td> </tr> <tr> <td>Total Claims</td> <td>17</td> <td>Extra Claims -20** = 0</td> <td>X 18 0</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3 ** = 1</td> <td>X 84 84.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="4">** or number previously paid, if greater; For Reissues, see below</td> </tr> <tr> <td colspan="4">           Large Entity Small Entity<br/>           Fee Code (\$)           Fee Code (\$)           Fee Description         </td> </tr> <tr> <td>1202</td><td>18</td><td>2202 9</td><td>Claims in excess of 20</td> </tr> <tr> <td>1201</td><td>84</td><td>2201 42</td><td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td><td>280</td><td>2203 140</td><td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td><td>84</td><td>2204 42</td><td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td><td>18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td colspan="2">(\$ 84.00)</td> </tr> <tr> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$ 0)</td> </tr> </tbody> </table> |  | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 65 Surcharge – late filing fee or oath |  | 1052 | 50 | 2052 25 Surcharge – late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 130 Non-English specification |  | 1812 | 2520 | 1812 2520 For filing a request for ex parte reexamination |  | 1804 | 920* | 1804 920* Requesting publication of SIR prior to Examiner action |  | 1805 | 1840* | 1805 1840* Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 55 Extension for reply within first month |  | 1252 | 410 | 2252 205 Extension for reply within second month |  | 1253 | 930 | 2253 465 Extension for reply within third month |  | 1254 | 1450 | 2254 725 Extension for reply within fourth month |  | 1255 | 1970 | 2255 985 Extension for reply within fifth month |  | 1401 | 320 | 2401 160 Notice of Appeal |  | 1402 | 320 | 2402 160 Filing a brief in support of an appeal |  | 1403 | 280 | 2403 140 Request for oral hearing |  | 1451 | 1510 | 1451 1510 Petition to institute a public use proceeding |  | 1452 | 110 | 2452 55 Petition to revive – unavoidable |  | 1453 | 1300 | 2453 650 Petition to revive – unintentional |  | 1501 | 1300 | 2501 650 Utility issue fee (or reissue) |  | 1502 | 470 | 2502 235 Design issue fee |  | 1503 | 630 | 2503 315 Plant issue fee |  | 1460 | 130 | 1460 130 Petitions to the Commissioner |  | 1807 | 50 | 1807 50 Petitions related to provisional applications |  | 1806 | 180 | 1806 180 Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 40 Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 375 Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 375 For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | 2801 375 Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 900 Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (1) |  | (\$ 750.00) |  | 2. EXTRA CLAIM FEES |  |  |  | Total Claims | 17 | Extra Claims -20** = 0 | X 18 0 | Independent Claims | 4 | -3 ** = 1 | X 84 84.00 | Multiple Dependent |  |  | 0 | ** or number previously paid, if greater; For Reissues, see below |  |  |  | Large Entity Small Entity<br>Fee Code (\$)           Fee Code (\$)           Fee Description |  |  |  | 1202 | 18 | 2202 9 | Claims in excess of 20 | 1201 | 84 | 2201 42 | Independent claims in excess of 3 | 1203 | 280 | 2203 140 | Multiple dependent claim, if not paid | 1204 | 84 | 2204 42 | ** Reissue independent claims over original patent | 1205 | 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) |  | (\$ 84.00) |  | * Reduced by Basic Filing Fee Paid |  | SUBTOTAL (3) (\$ 0) |  |
| Fee Code (\$)  | Fee Code (\$) | Fee Description  | Fee Paid   |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1051   | 130           | 2051 65 Surcharge – late filing fee or oath  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1052   | 50            | 2052 25 Surcharge – late provisional filing fee or cover sheet.  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1053   | 130           | 1053 130 Non-English specification   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1812   | 2520          | 1812 2520 For filing a request for ex parte reexamination  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1804   | 920*          | 1804 920* Requesting publication of SIR prior to Examiner action   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1805   | 1840*         | 1805 1840* Requesting publication of SIR after Examiner action   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1251   | 110           | 2251 55 Extension for reply within first month   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1252   | 410           | 2252 205 Extension for reply within second month   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1253   | 930           | 2253 465 Extension for reply within third month  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1254   | 1450          | 2254 725 Extension for reply within fourth month   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1255   | 1970          | 2255 985 Extension for reply within fifth month  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1401   | 320           | 2401 160 Notice of Appeal  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1402   | 320           | 2402 160 Filing a brief in support of an appeal  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1403   | 280           | 2403 140 Request for oral hearing  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1451   | 1510          | 1451 1510 Petition to institute a public use proceeding  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1452   | 110           | 2452 55 Petition to revive – unavoidable   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1453   | 1300          | 2453 650 Petition to revive – unintentional  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1501   | 1300          | 2501 650 Utility issue fee (or reissue)  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1502   | 470           | 2502 235 Design issue fee  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1503   | 630           | 2503 315 Plant issue fee   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1460   | 130           | 1460 130 Petitions to the Commissioner   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1807   | 50            | 1807 50 Petitions related to provisional applications  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1806   | 180           | 1806 180 Submission of Information Disclosure Stmt   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 8021   | 40            | 8021 40 Recording each patent assignment per property (times number of properties)   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1809   | 750           | 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1810   | 750           | 2810 375 For each additional invention to be examined (37 CFR 1.129(b))  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1801   | 750           | 2801 375 Request for Continued Examination (RCE)   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1802   | 900           | 1802 900 Request for expedited examination of a design application   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| Other fee (specify) _____  |               |  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| SUBTOTAL (1)   |               | (\$ 750.00)  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 2. EXTRA CLAIM FEES  |               |  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| Total Claims   | 17            | Extra Claims -20** = 0   | X 18 0   |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| Independent Claims   | 4             | -3 ** = 1  | X 84 84.00   |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| Multiple Dependent   |               |  | 0  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| ** or number previously paid, if greater; For Reissues, see below  |               |  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| Large Entity Small Entity<br>Fee Code (\$)           Fee Code (\$)           Fee Description   |               |  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1202   | 18            | 2202 9   | Claims in excess of 20                                     |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1201   | 84            | 2201 42  | Independent claims in excess of 3                          |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1203   | 280           | 2203 140   | Multiple dependent claim, if not paid                      |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1204   | 84            | 2204 42  | ** Reissue independent claims over original patent         |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| 1205   | 18            | 2205 9   | ** Reissue claims in excess of 20 and over original patent |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| SUBTOTAL (2)   |               | (\$ 84.00)   |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |
| * Reduced by Basic Filing Fee Paid   |               | SUBTOTAL (3) (\$ 0)  |  |               |               |                 |          |      |     |   |  |      |    |   |  |      |     |                                    |  |      |      |   |  |      |      |  |  |      |       |  |  |      |     |  |  |      |     |  |  |      |     |   |  |      |      |  |  |      |      |   |  |      |     |                           |  |      |     |   |  |      |     |                                   |  |      |      |   |  |      |     |  |  |      |      |   |  |      |      |   |  |      |     |                           |  |      |     |                          |  |      |     |  |  |      |    |   |  |      |     |  |  |      |    |  |  |      |     |  |  |      |     |   |  |      |     |  |  |      |     |  |  |                           |  |  |  |              |  |             |  |                     |  |  |  |              |    |                        |        |                    |   |           |            |                    |  |  |   |   |  |  |  |  |  |  |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |              |  |            |  |                                    |  |                     |  |

| SUBMITTED BY      |                   |                                      |        | Complete (if applicable) |               |
|-------------------|-------------------|--------------------------------------|--------|--------------------------|---------------|
| Name (Print/Type) | Vincent M. Powers | Registration No.<br>(Attorney/Agent) | 36,246 | Telephone                | 650-638-6492  |
| Signature         |                   |                                      |        | Date                     | June 23, 2003 |

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**CERTIFICATION UNDER 37 CFR 1.10**

Express Mail Number: EL 897 623 555 US

Date of Deposit: June 23, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Deji Jindong Zhao

(Print Name of Person Mailing Application)

Deji Jindong Zhao

(Signature of Person Mailing Application)

Docket No. 4266C2

**Transmittal of Continuation Patent Application  
For Filing Under 37 CFR 1.53(b)**

PRIOR APPLICATION: Examiner: Ernest G. Therkorn Art Unit: 1723

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a request for filing a  continuation  divisional application under 37 CFR 1.53(b), of pending prior application serial no. 09/885,292 filed on June 19, 2001 by Kuo-Liang Hsi, Jindong Zhao, Michael Kochersperger, William E. Werner, Pau-Miau Yuan entitled

**EFFLUENT COLLECTION APPARATUS AND METHOD**

1. Enclosed are:

- One stamped, self-addressed postcard for PTO datestamp.
- Certificate of Express Mail.
- One utility patent application containing text pages 1-31 and
  - 7 sheets of  formal  informal drawings.
- Application Data Sheet.
- Copy of executed Declaration of Inventorship from grandparent application serial no. 08/887,350
- Sequence Listing printout, Request to Use from prior application, and matching Declaration.
- A Preliminary Amendment.
- A new Power of Attorney.

2. Amendment

- Please enter the enclosed Preliminary Amendment before calculating the filing fee. It is understood that only amendments reducing the number of claims will be entered for this purpose.
- Please cancel original claims \_\_\_\_\_, inclusive, before calculating the filing fee. (At least one original independent claim should be retained for filing purposes.)

- Amend the specification by inserting before the first line the sentence: -- This application is a divisional / continuation of application serial no. \_\_\_\_\_ filed which is a divisional / continuation of application serial no. \_\_\_\_\_ filed

3. Extension of Time

- A petition for extension of time has been filed in the parent to extend the pendency of the parent to \_\_\_\_\_ (copy enclosed).
- Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

4. Prior Documents Still in Effect

- This application and parent application Serial No. 09/885,292 filed June 19, 2001 are assigned of record to Applera Corporation.
- Power of attorney in the above-identified prior application is to Vincent M. Powers, Reg. No. 36,246, and the other attorneys or agents identified therein.

5. Fees

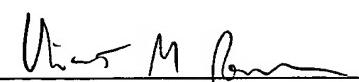
The filing fee is calculated below taking into account any amendments in section 2 above:

| FOR   | NUMBER FILED | NUMBER EXTRA | RATE   | FEE      |
|---|--------------|--------------|--------|----------|
| TOTAL CLAIMS  | 17 - 20      | 0            | X \$18 | \$0.00   |
| INDEPENDENT CLAIMS  | 4 - 3        | 1            | X \$84 | \$84.00  |
| BASIC FEE   |              |              |        | \$750.00 |
| Multiple Dependency Fee If Applicable<br>\$280.00   |              |              |        |          |
| Total   |              |              |        | 834.00   |
| 50% Reduction for Independent Inventor,<br>Non-profit Organization or Small Business<br>Concern |              |              |        |          |
| TOTAL FILING FEE  |              |              |        | \$834.00 |

- The Commissioner is hereby authorized to charge the filing fee, any deficiency in fees under 37 CFR 1.16 and 1.17, or any other fees necessary for timely filing of this application, or credit any overpayment to Deposit Account No. 01-2213. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Filing fee to be submitted in response to anticipated receipt of Notice to File Missing Parts.
- DO NOT CHARGE DEPOSIT ACCOUNT.**

Respectfully submitted,

Dated: June 23, 2003

  
\_\_\_\_\_  
Vincent M. Powers, Reg. No. 36,246

**Correspondence Address:**

Customer Number 22896   
Applied Biosystems  
Patent Department M/S 432-2  
850 Lincoln Centre Drive  
Foster City, California 94404  
Telephone: 650-638-6492  
Facsimile: 650-638-6677